DECLARATION AND POWER OF ATTORNEY-ORIGINAL APPLICATION

Atty.'s Docket No. 590-004

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "ORAL REHYDRATION COMPOSITIONS CONTAINING LIPOSOMES", the specification of which is attached hereto.

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

| Kristofer E. Halvorson | | Reg. No. 39,211 | |
|--|-------------|--|----------------------------|
| SEND CORRESPONDENCE TO: | | DIRECT TELEPHONE CALLS TO: | |
| The Halvorson Law Firm 405 W. Southern Ave, Suite 1 Tempe, Arizona 85282 | | Kristofer E. Halvorson (480) 449-3600 | |
| Cheryl R. Mitchell | Mitchell | Cheryl | R. |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR

6-22-03 DATE

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| ADDRESS | | | & COUNTRY |

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SIGNATURE OF INVENTOR

DATE 2/03